

North Carolina COVID-19 Vaccine Management System (CVMS)

Provider Enrollment Portal

Organization Administrator User Guide

Version 6

March 9, 2021



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**





If you have any questions, issues or requests, please go to the
CVMS Help Desk Portal* at https://ncgov.servicenow.services.com/csm_vaccine
If you are in North Carolina, you can also call the COVID-19 Provider Help Center
at (877) 873-6247 and select option 8. The COVID-19 Provider Help Center
is available during the following hours:
Monday – Friday: 7:00 AM – 7:00 PM ET
Saturday – Sunday: 10:00 AM – 6:00 PM ET

* On the home page of the CVMS Help Desk Portal, select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:

1. Register for an account on the portal by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, business e-mail, and your registration code
NOTE: The registration code is your Provider PIN (i.e., NCA650001), which can be found on the packing lists received with your Vaccines For Children shipments, or in the top right-hand corner of a wasted / expired report generated from the North Carolina Immunization Registry (please add "NCA" to the front of the six-digit PIN#)
For providers who are not enrolled or may not have a Provider PIN, you may use the following generic Provider PIN to register: VAC2021
3. You will receive an e-mail with your username and temporary password to log into the portal

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Overview

Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on '[Locations](#)' at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

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Close

In this user guide, we will discuss how to complete Section A of the Provider Enrollment process in the CVMS Provider Enrollment Portal.

The content included in this user guide is for the following role:
Organization Administrator

Additionally, you will need to:

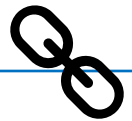
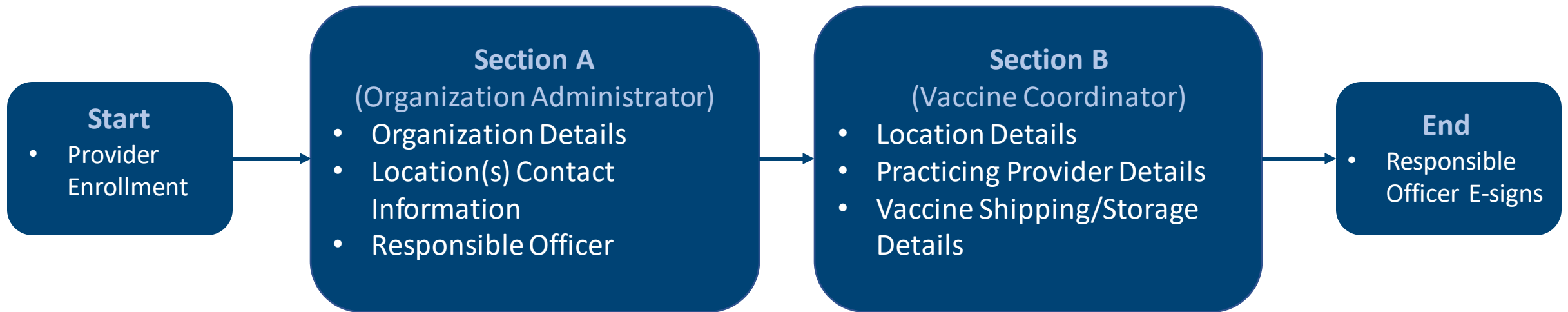
- Use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers
- Log into the CVMS Provider Enrollment Portal (<https://covid-enroll.ncdhhs.gov/>)

Now, let's get started!

Provider Enrollment Process Overview

CVMS Provider Enrollment Process Overview

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **CVMS PROVIDER ENROLLMENT PORTAL**. The CVMS Provider Enrollment Portal is a cloud-based solution.



Additional Resources

- Provider Enrollment Portal - <https://covid-enroll.ncdhhs.gov/>
- Provider Enrollment Checklist - [COVID-19 Vaccine Management System \(CVMS\) | NC DHHS COVID-19](#)



Relevant Roles

- Organization Administrator
- Vaccine Coordinator
- Responsible Officer (CEO and CMO)

Provider Enrollment Roles

A provider is anyone who provides and administers healthcare services.



Providers

- Pharmacies
- Community health centers
- Hospitals
- Clinics
- Long-term care facilities
- Acute care hospitals
- Urgent care clinics
- Other medical care facilities

Organization Administrator

- Completes Section A for the entire organization.

Vaccine Coordinator

- Completes Section B for their assigned location(s)
- On-site at the location

Chief Executive Officer (CEO)

- Reviews and signs on behalf of all locations within the organization

Chief Medical Officer (CMO)

- Reviews and signs on behalf of all locations within the organization

Provider Enrollment Role Checklist

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator

- ☐ **Register** for a Provider Enrollment account
- ☐ Mark if your organization is a **Redistribution Participant**
- ☐ **Add** all locations
- ☐ Add your organization's **CMO**
- ☐ Add your organization's **CEO**

Vaccine Coordinator

- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
 - ☐ **Upload pictures** of the interior and exterior of your **storage units**
 - ☐ **Input all practicing providers** at your location
- For locations with at least 25 practicing providers:**
- Request & return the **Provider Bulk Upload Template** to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine
 - ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
 - ☐ Review and sign the **Storage and Handling Attestation**

Chief Executive Officer (CEO)

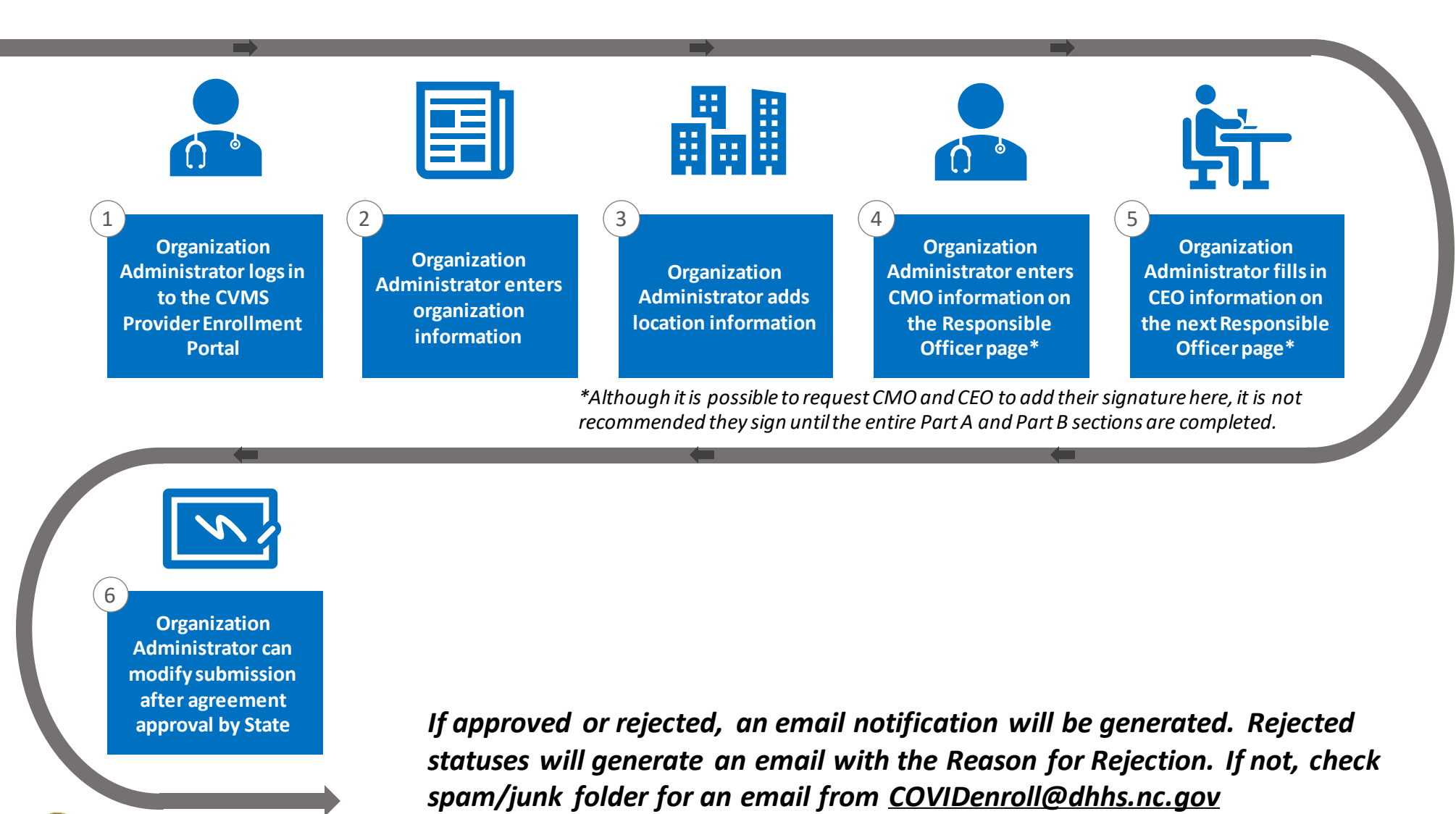
- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Chief Medical Officer (CMO)

- ☐ **Register** for a Provider Enrollment account via the link in the welcome email
- ☐ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ☐ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Completing Section A

Provider Enrollment Workflow – Section A



If approved or rejected, an email notification will be generated. Rejected statuses will generate an email with the Reason for Rejection. If not, check spam/junk folder for an email from COVIDenroll@dhhs.nc.gov

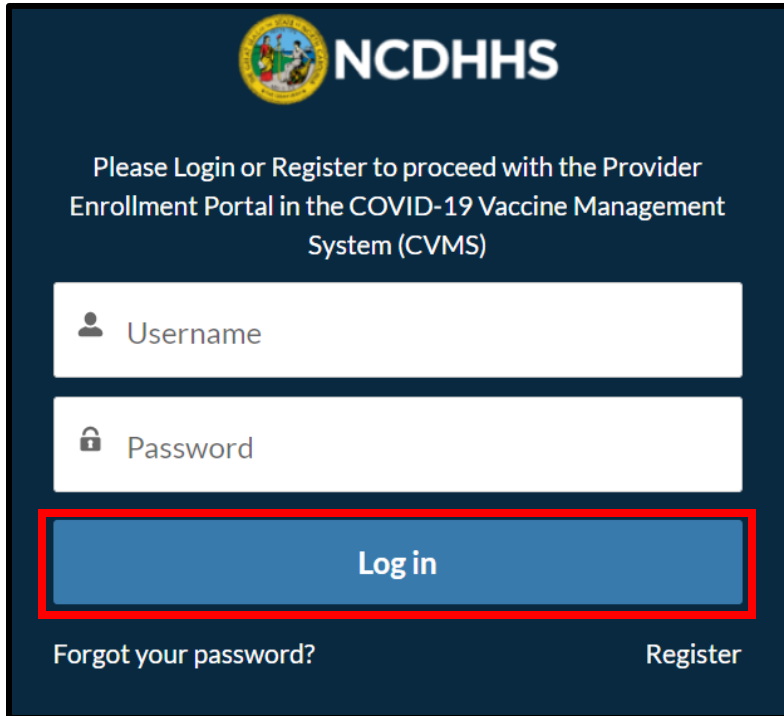
Audience


- Organization Administrator
- Vaccine Coordinator
- CEO
- CMO

Time Estimate


- >20 minutes to enter information


Step 1 of 9: Log into the CVMS Provider Enrollment Portal



 **NCDHHS**

Please Login or Register to proceed with the Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS)

 Username

 Password

Log in

[Forgot your password?](#) [Register](#)

When you are ready to begin the Provider Enrollment process, navigate to the CVMS Provider Enrollment Portal.

1. Enter your **USERNAME**
2. Enter your **PASSWORD**
3. Click **LOG IN**
4. After clicking log in, you will be directed to **COMPLETE**

SECTION A

Reference the CVMS Provider Enrollment Account Registration and Password Reset User Guide for more information about account creation, which is available on the NC Immunization Branch website at [CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19](#)

Audience

Organization Administrator

Tips

The link to the CVMS Provider Enrollment Portal is <https://covid-enroll.ncdhhs.gov/>

Step 2 of 9: Collect Key Details Before Beginning Section A

Section A

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

- Organization details
- Organization Administrator contact details
- Location(s) administering vaccinations
- Information about your Executive Officers (CMO and CEO)

You must add all locations within your organization that will administer the COVID-19 vaccine. Each location is represented by a Vaccine Coordinator. The Vaccine Coordinator will enter location-specific details when completing Section B of the agreement.

If you also serve as the Vaccine Coordinator for a location within your organization, click on '[Locations](#)' at the top of menu bar after you have completed Section A.

If you also serve your organization as its CEO and/or CMO, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section A to review the conditions for enrollment and provide your signature.

Please note, although you have access to both the CEO and CMO review and signature pages, **this section is designated only for the CEO and CMO of your organization.** The CEO and CMO will be

☐ Don't Show this Again

NCDHHS
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the NCDHHS Provider Enrollment Portal in the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your organization.

As an Organization Administrator, you are about to complete Section A of the CDC COVID-19 Vaccination Program Provider Agreement and CDC Supplemental COVID-19 Vaccine Redistribution Agreement (if applicable), which gathers information on your organization. To complete this section, you will be asked for:

[View More](#)

Organization Information Locations Responsible Officers Review

Provider Enrollment

CDC COVID-19 Vaccination Program Provider Agreement

Please complete Section A and B of this form as follows:

The Centers for Disease Control and Prevention (CDC) greatly appreciates your organization's (Organization) participation in the CDC COVID-19 Vaccination Program. Your Organization's chief medical officer (or equivalent) and chief executive officer (or chief fiduciary)—collectively, Responsible Officers—must complete and sign the CDC COVID-19 Vaccination Program Provider Requirements and Legal Agreement (Section A). In addition, the CDC COVID-19 Vaccination Program Provider Profile Information (Section B) must be completed for each vaccination location covered under the Organization listed in Section A.

After logging in, you will see a message reminding you of the details you will need to complete

SECTION A:

- Organization Details
- Organization Administrator Contact Details
- Location(s) administering vaccination
- Information about your Executive Officers (CEO / CMO)

1. COLLECT THESE DETAILS beforehand
2. CLOSE the window
3. You will be directed to Section A.

Audience

Organization Administrator

Step 3 of 9: Enter Your Organization Details

Once you begin Section A, you will be prompted to enter your **organization details** and indicate if your **organization is a redistribution participant**.

Audience

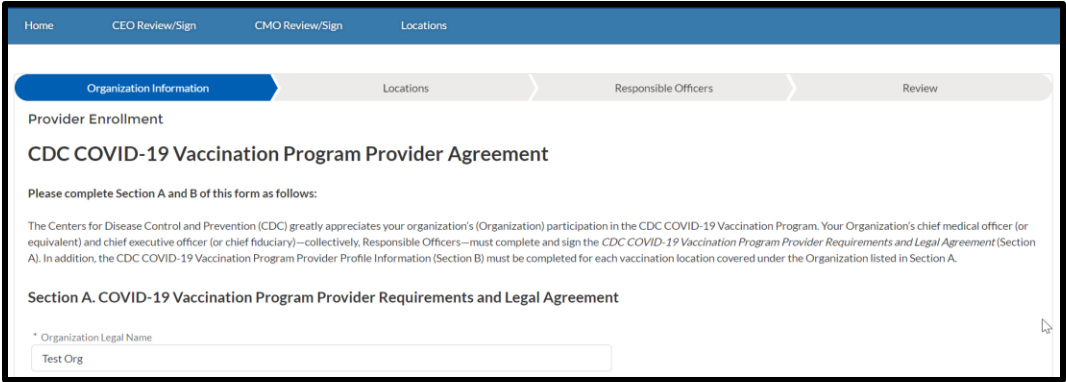
Organization Administrator

Tips

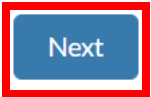
You can pause and save your progress at any point before submitting Section A.

If you pause, you must logout before logging in and continuing your session.

1. Populate **ALL REQUIRED ORGANIZATION DETAILS**
2. If your organization is a redistribution participant, select **YES** next to **REDISTRIBUTION PARTICIPANT**
3. If you select Yes, your **CEO and CMO** will be required to **SIGN AN ADDITIONAL AGREEMENT** indicating that they have reviewed the submitted information and signed the redistribution agreement.
4. Review all details entered
5. Click **NEXT**



The screenshot shows a web application interface for the CDC COVID-19 Vaccination Program. At the top, there is a navigation bar with links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. Below this is a progress bar with four steps: Organization Information (active), Locations, Responsible Officers, and Review. The main content area is titled 'Provider Enrollment' and 'CDC COVID-19 Vaccination Program Provider Agreement'. It includes a sub-header 'Please complete Section A and B of this form as follows:' and a paragraph of text explaining the agreement. Below this, there is a section titled 'Section A. COVID-19 Vaccination Program Provider Requirements and Legal Agreement' with a form field for 'Organization Legal Name' containing the text 'Test Org'.



Step 4 of 9: Add Your Location(s) Details

The screenshot shows a web application interface for 'Provider Enrollment'. At the top, there's a navigation bar with links: Home, CEO Review/Sign, CMO Review/Sign, and Locations. Below this is a progress indicator with four steps: a green checkmark, 'Locations' (highlighted in blue), 'Responsible Officers', and 'Review'. The main content area is titled 'Provider Enrollment' and shows 'No associated locations'. A message states: 'We're sorry there are no locations associated with your account. You can create a new location enrollment record below.' Below this is the 'Add New Location' section with several input fields: 'Location Name', 'Primary Coordinator First Name', 'Primary Coordinator Last Name', 'Primary Coordinator Middle Initial', 'Primary Coordinator Telephone', and 'Primary Coordinator Email'. Each field has a small information icon. At the bottom of the form are three buttons: 'Create Location', 'Pause', and 'Next' (which is highlighted in blue). There is also a 'Previous' button.

After entering your organization’s details, you will now be able to **ADD ONE OR MORE LOCATIONS** and their respective details.

On this page, you will see a list of **PENDING AND APPROVED LOCATIONS.**

1. Complete the information for the **FIRST LOCATION** in the organization
2. Click **CREATE LOCATION**
3. You will see the location details appear in the list of **PENDING LOCATIONS**
4. Repeat this process for each location you wish to add
5. Click **NEXT**

Audience

Organization Administrator

Tips

All locations within an organization must have the same CMO and CEO.
If a location has a different CMO or CEO, a unique Organization Administrator representing the organization will have to complete a separate Section A.

Step 5 of 9: Edit Your Location(s) Details

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The 'Locations' tab is active. The 'Add New Location' form is highlighted with a red box. It contains the following fields:

- * Location Name
- * Primary Coordinator First Name
- * Primary Coordinator Last Name
- Primary Coordinator Middle Initial
- * Primary Coordinator Telephone
- * Primary Coordinator Email

Below the form is a 'Create Location' button. In the 'Pending Locations' table, the pencil icon for the first entry is highlighted with a red box.

	Location Name	Pri. Coordinator First Name	Pri. Coordinator Last Name	Pri. Coordinator Middle Initial
1	ABC Laboratory	Glen	Jones	

After adding a location, you are able to edit and update the information.

1. Locate the **LOCATION** you wish to edit
2. Click the **PENCIL ICON** next to the field you wish to update
3. Update the information
4. Review the information. Repeat for all details you wish to update.
5. Click **NEXT**

Audience

Organization Administrator

Tips

If you wish to manage your location(s) details after submitting Section A, review the **CVMS Provider Enrollment Account Management User Guide** located at [CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19](#).

Step 6 of 9: Deactivate Your Location(s)

After adding a location, you can deactivate location(s). If you wish you manage your location(s) details after submitting Section A, review the **CVMS Provider Enrollment Location Management User Guide**.

- 1. Locate the **LOCATION** you wish to deactivate
- 2. Select the **CHECKBOX** for one or more locations
- 3. Review the locations you have selected to deactivate
- 4. Click the **DEACTIVATE LOCATION(S)** button
- 5. Click **NEXT**

Audience

Organization Administrator

Tips

Click **Previous** if you need to go back and edit a location.

The screenshot shows the NCDHHS CVMS Provider Enrollment portal. The 'Locations' tab is active, displaying a table of 'Approved Locations' and 'Pending Locations'. A red box highlights the 'Deactivate Location(s)' button. Below the table is the 'Add New Location' form with fields for Location Name, Primary Coordinator First Name, Last Name, Middle Initial, Telephone, and Email, and a 'Create Location' button.

Step 7 of 9: Complete CMO Information

After adding your locations, you will enter your **CHIEF MEDICAL OFFICER** (CMO) Information on the Responsible Officers page.

At the bottom, you will see the box **SEND REQUEST FOR SIGNATURE NOW** checkbox. This will immediately generate an email to the CMO requesting their review and approval. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

If you do not select this checkbox, the CMO will receive an email once all Vaccine Coordinators submit the Section B flow for their location. This way, they review and sign the complete agreement at one time.

- 1. Enter **ALL CMO DETAILS**
- 2. Click **NEXT**

Home

CEO Review/Sign

CMO Review/Sign

Locations

✓

✓

Responsible Officers

Review

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed below must provide their signature after reviewing the agreement requirements.

Chief Medical Officer (or Equivalent) Information

Audience

Organization
Administrator

Step 8 of 9: Complete CEO Information

After entering the CMO details, you will be directed to enter your **CHIEF EXECUTIVE OFFICER** (CEO) Information on the Responsible Officers page.

You will see the same **SEND REQUEST FOR SIGNATURE** checkbox. This will immediately generate an email to the CEO requesting their approval and signature. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

If you do not select this checkbox, the CEO will receive an email once all Vaccine Coordinators submit the Section B flow for their location. This way, they review and sign the complete agreement at one time.

1. Enter **ALL CEO DETAILS**

Audience

Organization Administrator

Home

CEO Review/Sign

CMO Review/Sign

Locations

✓

✓

Responsible Officers

Review

Provider Enrollment

Responsible Officers

For the purposes of this
with the conditions spe
requirements.

Please refer to slide 15 on how to make changes to locations

Chief Executive Officer (or Chief Fiduciary) Information

Step 9 of 9: Complete Section A

Once all CEO details are entered, you are ready to **COMPLETE SECTION A**.

If you need to make any changes before completing Section A, use the **PREVIOUS BUTTON** to go back and **MAKE UPDATES**.

After submitting Section A, you will see that your **ENROLLMENT STATUS** is **SUBMITTED**.

- 1. Confirm that **DETAILS ARE CORRECT**
- 2. Once the CEO page is complete, click **NEXT**
- 3. You will be directed to the **SUBMISSION PAGE**

Audience

Organization Administrator

Home CEO Review/Sign CMO Review/Sign Locations

Provider Enrollment

Responsible Officers

For the purposes of this agreement, in addition to Organization, Responsible Officer named below will also be accountable for compliance with the conditions specified in this agreement. The individual listed after reviewing the agreement requirements.

Chief Executive Officer (or Chief Fiduciary) Information

* First Name

Middle Initial

* Last Name

* Telephone Number (xxxx-xxxx-xxxx)

✓ ✓ ✓ Review

Your Enrollment Status is: Submitted (Ready for Internal Review)

Your organization has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, the CMO and CEO will be notified for review and signature. Please note, the Organization Admin can also request a signature for CMO and CEO. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete and will be submitted to NCDHHS for review and approval.

Organizations who successfully meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended prescribers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please email COVIDhelp@dhhs.nc.gov.

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Steps After Completing Section A

Primary Vaccine Coordinator – Section B

If you are also the **PRIMARY VACCINE COORDINATOR** for the location in your organization, you can now begin Section B of the Provider Enrollment process.

For more guidance on how to complete Section B of the Provider Enrollment Process, please review **CVMS Provider Enrollment Vaccine Coordinator User Guide**, which is located on the NC Immunization Branch website: [CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19](#).


Audience

Organization Administrator

Vaccine Coordinator

Tips

Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.

 **NCDHHS**
CVMS Provider Enrollment

Home CEO Review/Sign CMO Review/Sign Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-00597	ABC Laboratory	New (Vaccine Coordinator In Progress)	Agreement Details
LOC-00599	ABC Labs 2	New (Vaccine Coordinator In Progress)	Agreement Details

CMO & CEO – Review & Sign the CDC COVID-19 Vaccination Program Provider Agreement

If you are also the CMO and / or CEO for your organization, you can now review and sign the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable.

For more guidance on how to complete these steps, please review **CVMS Provider Enrollment Responsible Officer User Guide** , which is located on the NC Immunization Branch website: [CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19](#)

Audience

CEO

CMO

Tips

Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.

Home

CEO Review/Sign

CMO Review/Sign

Locations

Review and Sign

Finished

Review and Sign

Organization

Organization Identification:

Organization Name

Organization Registration Status Notification

You will receive an **EMAIL NOTIFICATION** once the status of your organization changes to **APPROVED** or **REJECTED**. Rejected statuses will generate an email with the **REASON FOR REJECTION**.

Your organization can be approved after at least one location is approved and your Responsible Officer signatures have been captured. If your organization is approved prior to all locations being approved, please coordinate with the Primary Vaccine Coordinators to ensure completion of Section B for remaining locations.

Dear COVID-19 Vaccine Provider Applicant,

This memo confirms your enrollment in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program in North Carolina and provides next steps for activation in the COVID-19 Vaccine Management System (CVMS). Your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile have been reviewed and accepted. Now that you have enrolled, you can complete the activation process in CVMS. **You do not have access to CVMS until you are enrolled AND you complete the activation process.** CVMS activation is required for all sites that will receive COVID-19 vaccine (either as direct allocation or transferred vaccine from another enrolled provider) but does not guarantee vaccine availability. If you have already started the activation process, please use the steps below to complete activation.

As a reminder, providers must be able to meet all participation requirements outlined in Section A of the CDC COVID-19 Vaccination Program Provider Agreement. Below is a summary of the information you provided and the status of each location:

Number of Locations requested: 2.
Number of Locations approved: 1.
Number of Locations rejected: 0.
Number of Practicing Providers requested: 1.
Number of Practicing Providers approved: 1.
Number of Practicing Providers rejected: 0.

Please ensure that any changes to Section B of your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile are updated in within 30 days. If there is a change to the signing Chief Medical Officer (or equivalent) and/or Chief Executive (or Fiduciary) Officer, the North Carolina Immunization Branch must be notified immediately by submitting a ticket to the [CVMS Help Desk Portal](#) (see instructions for registering below) and a new agreement must be issued.

Directions for CVMS Help Desk Portal Registration

Before you can submit a help desk ticket, you must register for an account within the CVMS Help Desk Portal, following the below instructions:

1. Visit the [CVMS Help Desk Portal](#)

Audience

Organization
Administrator

Tips

Check the spam/junk folder if an email is not received. Emails will be sent from the CVMS Enrollment team.

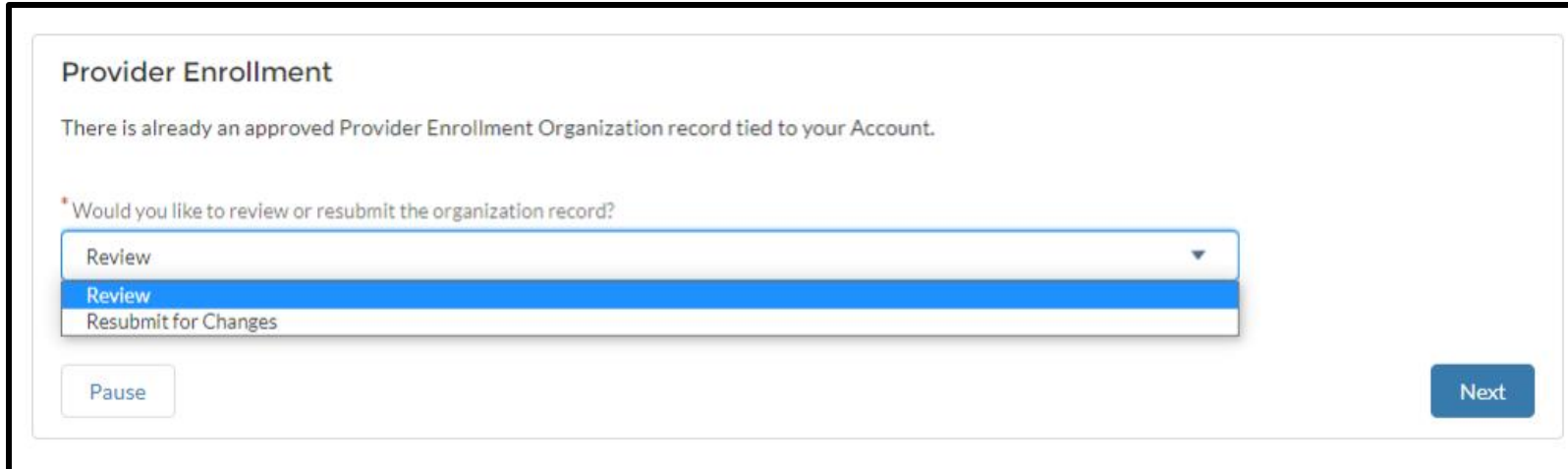
Update Section A After Submission

You will be able to **UPDATE SECTION A** after your organization’s provider enrollment agreement has been approved. It is important to know that if you **RESUBMIT SECTION A**, your **CEO AND CMO WILL BE REQUIRED TO SIGN AGAIN** the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable. Your **ORGANIZATION** will also have to be **REAPPROVED**.

1. Log into the **CVMS PROVIDER ENROLLMENT PORTAL**
2. If you want to **REVIEW THE STATUS** of your Provider Enrollment Agreement, **SELECT REVIEW**
3. If you want to **MAKE UPDATES**, select **RESUBMIT FOR CHANGES**

Audience

Organization
Administrator



The screenshot shows a web interface titled "Provider Enrollment". Below the title, it states: "There is already an approved Provider Enrollment Organization record tied to your Account." A question follows: "* Would you like to review or resubmit the organization record?". Below this question is a dropdown menu with two visible options: "Review" (which is highlighted in blue) and "Resubmit for Changes". At the bottom left of the form area is a "Pause" button, and at the bottom right is a "Next" button.

Checking the Registration Status of a Location

Step 1 of 2: How to check Provider Enrollment Location Registration Status

You will be able to review the registration status for each location within your organization. Please work with your Primary Vaccine Coordinators to complete your Provider Enrollment registration.

- 1. From your home page, click **LOCATIONS**
- 2. Review the **STATUS** for each location

Audience

Organization Administrator

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, you must complete this section for each respective location. To complete this section, you will be asked for:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03446	Scott Troche Clinic Location 1	Approved	Agreement Details
LOC-03447	Scott Troche Medical Clinic Location 2	Rejected	Agreement Details

Step 2 of 2: Provider Enrollment Location Resubmitted Status

You will be able to see when a Primary Vaccine Coordinator has RESUBMITTED their Section B after rejection or approval.

Audience

Organization Administrator

Tips

When a location is rejected, you will be copied on the email to the Primary Vaccine Coordinator.

Home

CEO Review/Sign

CMO Review/Sign

Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, **you must complete this section for each respective location**. To complete this section, you will be asked for:

[View More](#)

Location Enrollments (section B)

Record ↑	Name	Status	
LOC-03446	Scott Troche Clinic Location 1	Approved	Agreement Details
LOC-03447	Scott Troche Medical Clinic Location 2	Resubmitted	Agreement Details

Appendix

Organization Status Notification

The Organization Administrator, CEO, and CMO will receive an **EMAIL NOTIFICATION** once the status of the organization changes to **APPROVED** or **REJECTED**. Rejected statuses will generate an email with the **REASON FOR REJECTION**.

Audience

Organization Administrator

CEO

CMO

Dear COVID-19 Vaccine Provider Applicant,

This memo confirms your enrollment in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program in North Carolina and provides next steps for activation in the COVID-19 Vaccine Management System (CVMS). Your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile have been reviewed and accepted. Now that you have enrolled, you can complete the activation process in CVMS. **You do not have access to CVMS until you are enrolled AND you complete the activation process.** CVMS activation is required for all sites that will receive COVID-19 vaccine (either as direct allocation or transferred vaccine from another enrolled provider) but does not guarantee vaccine availability. If you have already started the activation process, please use the steps below to complete activation.

As a reminder, providers must be able to meet all participation requirements outlined in Section A of the CDC COVID-19 Vaccination Program Provider Agreement. Below is a summary of the information you provided and the status of each location:

Number of Locations requested: 2.
Number of Locations approved: 1.
Number of Locations rejected: 0.
Number of Practicing Providers requested: 1.
Number of Practicing Providers approved: 1.
Number of Practicing Providers rejected: 0.

Please ensure that any changes to Section B of your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile are updated in within 30 days. If there is a change to the signing Chief Medical Officer (or equivalent) and/or Chief Executive (or Fiduciary) Officer, the North Carolina Immunization Branch must be notified immediately by submitting a ticket to the [CVMS Help Desk Portal](#) (see instructions for registering below) and a new agreement must be issued.





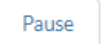
Directions for CVMS Help Desk Portal Registration

Before you can submit a help desk ticket, you must register for an account within the CVMS Help Desk Portal, following the below instructions:

1. Visit the [CVMS Help Desk Portal](#)

Additional Notes

Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- *** Asterisks** are used to denote required information.
-  A Toggle can be clicked to see selectable options.
-  A Pen can be clicked to make edits to the field.
-   Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
-  A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

Contact Information:

- All questions should be directed to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Safari, or Edge Chromium browser to access CVMS.
- For more details on supported browsers, see https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5
- Note: Internet Explorer and Edge (Non-Chromium) are not supported.

User Guide Change Log

Key Items:

- **Date of Change:** Date that any updates were made to the User Guide
- **Changes Made:** Summary of the updates made within the User Guide
- **Impacted Slides:** Specific slides that were updated or changed
- **Author:** The user that made the updates to the User Guide

Version	Date of Change	Changes Made	Impacted Slides	Author
1	12/10/2020	<ul style="list-style-type: none">• Original version		Kevin Kauffman
2	12/31/2020	<ul style="list-style-type: none">• Removed link to the Provider Enrollment portal	4, 6	Simon Couderc
3	1/8/2021	<ul style="list-style-type: none">• Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information.	1, 2, 8, 21, 26, 27	Courtney Seward
4	1/13/2021	<ul style="list-style-type: none">• Replaced screenshots with updated Provider Enrollment Portal branding	12, 15, 16, 23	Kechia Scott
5	2/11/2021	<ul style="list-style-type: none">• Took out any mention of the covidhelp email	21, 26	Courtney Seward
6	3/9/2021	<ul style="list-style-type: none">• Updated organization approval requirements	17-18 , 21, 25-27, 29	Azalea Troche